

**City of Marlborough
Community Development Department
Application for Lottery
Local Initiative Program**

Name_____ Home Phone_____

Current Address_____ Work Phone_____

City, State, Zip_____ Persons in Household _____

Please provide the following information for any member of your household who is currently employed. **THE INFORMATION BELOW SHOULD BE PROVIDED FOR ANY PERSON(S) WHO WILL BE RESIDING IN THE PURCHASED UNIT.**

	YOURSELF	HOUSEHOLD MEMBER	HOUSEHOLD MEMBER
Name			
Occupation			
Employer			
Employer Address			
Employer Phone			
Total Annual Salary			
Hire Date			

Attach a separate sheet to list additional wage-earners if required.

Please list any other sources of income and the annual amounts below. Include pension, Social Security, interest, child support, alimony, wages from part-time jobs, tips, etc.

Please list all persons in your household and their relationship to you. Include only those persons who will be living with you. Your list should include children, parents, spouse, etc.

Name	Relationship	Name	Relationship

Please send this application to Community Development Department, City Hall-140 Main Street, Marlborough, MA 01752.

Date_____ Signature_____

Please include the following in your application package:

1. Copies of one month's most recent paystubs for each borrower along with two years' W-2. Last 2 years IRS certified tax returns.
2. Applicants employed by family-owned business must also provide two years IRS certified signed federal tax returns, all scheduled, with two years' W-2s.
3. Self-employed applicants must provide two years' IRS certified signed federal tax returns, all scheduled and a year-to-date balance sheet through the most recent quarter. If incorporated, applicants must provide two years' signed corporate returns, all schedules and a corporate balance sheet through the most recent quarter in addition to personal information.